SUPPLEMENT
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British Medical Association

CURRENT NOTES

Ship Surgeons' Post-Graduate Training

There appears in our advertisement columns an announcement by the Seamen's Hospital Society concerning the establishment of post-graduate courses for ship surgeons. The institution of these courses is the outcome of the work of a special committee of the Association, which has been considering whether it would be possible to establish post-graduate facilities in subjects germane to the calling of ship surgeons. The shipping companies expressed sympathy with such a proposal, but intimated that they must remain unfettered in their liberty to regard the possession of a registrable medical qualification as the only essential requirement for appointment as surgeon to one of their ships. Obviously, therefore, it was desirable to indicate quite definitely the absence of any endeavour to make such courses of instruction compulsory upon ship surgeons or on candidates for the service. Consideration of the matter showed that there were a number of subjects—for example, ship hygiene, Board of Trade requirements, and clinical instruction with special reference to conditions on board ship—upon which special courses of post-graduate instruction for ship surgeons might with justification be instituted. A proposed course of instruction with detailed syllabus was prepared under the following parts: (1) ship hygiene, the Shipping Acts, and quarantine procedure; (2) tropical medicine and hygiene; and (3) a "refresher" course in clinical subjects. It was suggested that each of these parts should be quite separate and have regard to the exigencies of the service, and that each part should extend over a period not exceeding four weeks. The Ministry of Health and the Board of Trade expressed general sympathy with the proposal to institute courses on the above lines, and a conference of representatives of teaching bodies and of the shipping companies was held on March 11th with the object of furthering the proposals. As a result of this conference the Seamen's Hospital Society, in co-operation with the London School of Hygiene and Tropical Medicine, is making arrangements to hold in June and July respectively Parts 2 and 3 of the course; Part 1 will be held towards the end of the year. The University of Liverpool has also expressed its willingness to participate in the scheme, and will hold a course in the summer of 1932 if sufficient entrants are forthcoming.

Medical Cards

The 1930 Panel Conference instructed the Insurance Acts Committee to arrange with the Ministry that when an insured person lost his title to medical benefit and was subsequently reinstated, he should be supplied with a medical card bearing the name of his former doctor. The Ministry has agreed to remind Insurance Committees throughout the country that this practice should, if not already carried out, be adopted in future. Insurance Committees are being advised that steps should also be taken to ensure that any relevant medical record bearing clinical notes is reissued to the practitioner at the same time.

1931 Panel Conference

Thursday, October 22nd, has been fixed as the date for the 1931 Conference of Representatives of Local Medical and Panel Committees, which will be held at the B.M.A. House, Tavistock Square, W.C.1.

Association Notices

REVISION OF BRANCH AND DIVISION AREAS (ENGLAND AND WALES) TO BRING THEM INTO ACCORD WITH LOCAL GOVERNMENT AREAS

Notice is hereby given by the Council of the Association of the following proposed changes of areas of Branches and Divisions in England and Wales, stated below, with a view to giving effect to the following principles approved by the Representative Body, July, 1930:

1. The area of a Branch should coincide with the area of one or more administrative counties.
2. The area of a Division should also coincide with the area of one or more of the local government areas —that is, county council, county borough, municipal borough, urban district, or rural district.

The Council reminds members that the main object underlying the following proposals is the safeguarding of the interests of the profession by bringing the Branch and Division areas into accord with those of Local Government areas, thus making these bodies more effective. The

proposals are subject to arrangements which the Council is making whereby any member affected by such change, and who so desires, shall be made an "Associate Member" of what represents his (her) former Division and/or Branch. He will thus receive notice of, and be able to attend, the meetings of both his old and his new unit—namely, by being both an "Ordinary Member" of the new unit and an "Associate Member" of what represents his former Division and/or Branch.

Any member objecting to the proposals should write, stating the reason, to the undersigned, by May 11th, 1931.

BATH, BRISTOL, AND SOMERSET BRANCH

To consist of the county boroughs of Bath and Bristol, and the county of Somerset.

Bath Division.—To consist of the county borough of Bath.

Bristol Division.—To consist of the county borough of Bristol.

East Somerset Division.—To consist of the municipal boroughs of Glastonbury and Wells; the urban districts of Clevedon, Frome, Midsomer Norton, Portishead, Radstock, Shepton Mallet, Street, and Weston-super-Mare; and the rural districts of Axbridge, Bath, Clutton, Frome, Keynsham, Long Ashton, Shepton Mallet, Wells, and Wincanton.

West Somerset Division.—To consist of the municipal boroughs of Bridgwater, Chard, Taunton, and Yeovil; the urban districts of Burnham, Crewkerne, Highbridge, Ilminster, Minehead, Watchet, Wellington, and Wiveliscombe; and the rural districts of Bridgwater, Chard, Dulverton, Langport, Taunton, Wellington, Williton, and Yeovil.

BIRMINGHAM BRANCH

The area of the Branch and the Bromsgrove Division to be amended by the transfer therefrom to the Leicester and Rutland Division of the Midland Branch of the civil parish of Appleby Magna.

CAMBRIDGE AND HUNTINGDON BRANCH

To consist of the counties of Cambridgeshire, Huntingdonshire, Isle of Ely, and Soke of Peterborough.

Cambridge and Huntingdon Division.—To consist of the counties of Cambridgeshire (except Isle of Ely), Huntingdonshire, and Soke of Peterborough.

Isle of Ely Division.—To consist of the Isle of Ely.

EAST YORKS BRANCH

To consist (consequent upon the formation of a proposed new Lincolnshire Branch) of the county borough of Hull and the greater part of the county of East Riding of Yorkshire.

GLOUCESTERSHIRE BRANCH

To consist of the county of Gloucestershire (excluding the county borough of Bristol).

KENT BRANCH

To consist of the county of Kent.

Ashford Division.—To consist (as at present) of the municipal boroughs of Tenterden, Lydd, and New Romney; the urban district of Ashford; and the rural districts of Tenterden, East Ashford, Romney Marsh, and West Ashford.

Bromley Division.—To consist of the municipal borough of Bromley; the urban districts of Chislehurst, Beckenham, Penge, and Sidcup; and the rural district of Bromley.

Dartford Division.—To consist (as at present) of the urban districts of Dartford, Bexley, Crayford, and Erith; and the rural district of Dartford.

Dover Division.—To consist (as at present) of the municipal boroughs of Deal, Dover, and Sandwich; the urban district of Walmer; and the rural districts of Eastry and Dover.

Folkestone Division.—To consist (as at present) of the municipal boroughs of Folkestone and Hythe; the urban districts of Sandgate and Cheriton; and the rural district of Elham.

Isle of Thanet Division.—To consist (as at present) of the county borough of Canterbury; the municipal boroughs of Margate, Ramsgate, and Faversham; the urban districts of Broadstairs and St. Peter's, Whitstable, and Herne Bay; and the rural districts of Isle of Thanet, Blean, Bridge, and Faversham.

Maidstone Division.—To consist of the municipal borough of Maidstone; the urban district of Wrotham; and the rural districts of Cranbrook, Hollingbourne, Maidstone, and Malling.

Rochester, Chatham, and Gillingham Division.—To consist (as at present) of the municipal boroughs of Gravesend, Rochester, Chatham, Gillingham, and Queenborough; the urban districts of Northfleet, Sheerness, Sittingbourne and Milton, and Swanscombe; and the rural districts of Hoo, Strood, Sheppey, and Milton.

Tunbridge Wells Division.—To consist of the municipal borough of Tunbridge Wells; the urban districts of Southborough, Tonbridge, and Sevenoaks; and the rural districts of Tonbridge and Sevenoaks.

LINCOLNSHIRE BRANCH

To consist of the county of Lincolnshire.

Grimsby Division (at present the North Lincoln Division of the East Yorks and North-Lincs Branch).—To consist (as at present) of the county borough of Grimsby; the urban districts of Cleethorpes, Brigg, Scunthorpe and Frodingham, Barton-on-Humber, and Winterton; and the rural districts of Glanford Brigg, and Grimsby.

Kesteven Division (at present a Division of Midland Branch).—To consist (as at present) of the county of Lincs, Kesteven.

Holland Division (at present a Division of Midland Branch).—To consist (as at present) of the county of Lincs, Holland.

Lincoln Division (at present a Division of Midland Branch).—To consist (as at present) of the county borough of Lincoln; the municipal borough of Louth; the urban districts of Alford, Crowle, Gainsborough, Horncastle, Mablethorpe, Market Rasen, Skegness, and Woodhall Spa; and the rural districts of Isle of Axholme, Caistor, Gainsborough, Horncastle, Louth, Spilsby, and Welton.

METROPOLITAN COUNTIES BRANCH

The civil parish of Mottingham (at present in the Woolwich Division) to be transferred to the Bromley Division of Kent Branch.

Woolwich Division.—To consist of the metropolitan borough of Woolwich.

(The areas of all other Divisions of the Branch to remain, for the time being, as at present.)

MIDLAND BRANCH

To consist of the counties of Derbyshire, Leicestershire, Nottinghamshire, and Rutlandshire.

Buxton Division.—To consist of the municipal borough of Buxton; the urban districts of New Mills, Bakewell, and Baslow and Bubnell; and the rural districts of Chapel-en-le Frith, Bakewell, and Hayfield.

Chesterfield Division.—To consist of the municipal borough of Chesterfield; the urban districts of Dronfield, Brampton and Walton, Alfreton, Bolsover, and Clay Cross; the rural districts of Chesterfield, Clowne, Blackwell, and Norton; and the civil parish of Eyam.

Derby Division.—To consist of the county borough of Derby; the municipal borough of Ilkeston; the urban districts of Bonsall, Wirksworth, Ashbourne, Alvaston and Boulton, Long Eaton, Swadlincote, Belper, Ripley, North Darley, South Darley, the Matlocks, Heanor, and Heage (except the civil parish of Eyam); and the rural districts of Ashbourne, Belper, Sunbury, Repton, Shardlow, Hartshorn and Seals, and Basford (the part in Derbyshire).

Glossop Division.—To consist (as at present) of the municipal borough of Glossop and the rural district of Glossop Dale.

Leicester and Rutland Division.—To consist of the counties of Leicestershire and Rutlandshire, and the county borough of Leicester.

Nottingham Division.—To consist of the county of Nottinghamshire, and the county borough of Nottingham.

OXFORD AND READING BRANCH

To consist of the counties of Berkshire, Buckinghamshire, and Oxfordshire.

Buckinghamshire Division.—To consist of the county of Buckinghamshire.

Oxford Division.—To consist of the county of Oxfordshire; the county borough of Oxford; and (in Berkshire) the municipal borough of Abingdon, and the rural districts of Faringdon and Abingdon.

Reading Division.—To consist of the county borough of Reading; the municipal boroughs of Wallingford, Wokingham, and Newbury; the urban district of Wantage; and the rural districts of Wokingham, Bradfield, Newbury, Hungerford, Wallingford, and Wantage.

Windsor Division.—To consist of the municipal boroughs of Maidenhead and Windsor; and the rural districts of Cookham, Easthampstead, and Windsor.

SOUTH MIDLAND BRANCH

To consist of the counties of Bedfordshire and Northamptonshire (except Soke of Peterborough).

Bedfordshire Division.—To consist of the county of Bedford.

Northamptonshire Division.—To consist of the county of Northamptonshire (except Soke of Peterborough), and the county borough of Northampton.

SOUTH WALES AND MONMOUTHSHIRE BRANCH

The civil parish of Skenfrith to be transferred to the Monmouthshire Division of the South Wales and Monmouthshire Branch from the Hereford Division of the Worcestershire and Herefordshire Branch.

SOUTH-WESTERN BRANCH

To consist (as at present) of the counties of Cornwall and Devonshire, and the Isles of Scilly.

Barnstaple Division.—To consist of the municipal boroughs of Barnstaple, Bideford, Great Torrington, and South Molton; the urban districts of Ilfracombe, Lynton, and Northam; and the rural districts of Barnstaple, Bideford, South Molton, and Torrington.

Cornwall Division.—To consist (as at present) of the county of Cornwall and the Isles of Scilly.

Exeter Division.—To consist of the county borough of Exeter; the municipal boroughs of Honiton, Okehampton, and Tiverton; the urban districts of Axminster, Bampton, Budleigh Salterton, Crediton, Dawlish, Exmouth, Holsworthy, Ottery St. Mary, Seaton, Sidmouth, and Teignmouth; the rural districts of Axminster, Broadwood Widger, Crediton, Culmstock, Honiton, Okehampton, St. Thomas, and Tiverton; that part of the rural district of Holsworthy which is in Devon County; and the civil parish of Moretonhampstead.

Plymouth Division.—To consist of the county borough of Plymouth; the urban districts of Ivybridge, Kingsbridge, Salcombe, and Tavistock; and the rural districts of Kingsbridge, Plympton St. Mary, and Tavistock.

Torquay Division.—To consist of the municipal boroughs of Dartmouth, Torquay, and Totnes; the urban districts of Ashburton, Brixham, Buckfastleigh, Newton Abbot, and Paignton; and the rural districts of Newton Abbot and Totnes.

STAFFORDSHIRE BRANCH

The county borough of Burton-on-Trent and the rural district of Tutbury (Staffordshire), at present in the Derby Division of the Midland Branch, to be transferred to the North Staffs Division of the Staffordshire Branch.

SURREY BRANCH

The area of the Branch and the Guildford Division to be amended by the transfer to them (from the Windsor Division of the Oxford and Reading Branch) of the urban districts of Chertsey, Egham, and Windlesham.

SUSSEX BRANCH

To consist (as at present) of the county of Sussex.

Brighton Division.—To consist (as at present) of the county borough of Brighton; the municipal boroughs of Hove and Lewes; the urban districts of Burgess Hill, Cuckfield, East Grinstead, Haywards Heath, Newhaven, Portslade-by-Sea, Seaford, and Uckfield; and the rural districts of Chailey, Cuckfield, East Grinstead, East Steyning, Newhaven, and Uckfield.

Chichester and Worthing Division.—To consist (as at present) of the municipal boroughs of Arundel, Chichester, and Worthing; the urban districts of Bognor, Littlehampton, Shoreham, and Southwick; and the rural districts of East Preston, Steyning West, Westbourne, and West Hampnett.

Eastbourne Division.—To consist of the county borough and rural district of Eastbourne; and the rural districts of Hailsham and Ticehurst.

Hastings Division.—To consist of the county borough of Hastings; the municipal boroughs of Bexhill and Rye; the urban district of Battle; and the rural districts of Battle, Hastings, and Rye.

Horsham Division.—To consist (as at present) of the urban district of Horsham; and the rural districts of Horsham, Midhurst, Petworth, and Thakeham.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH

The civil parish of Skenfrith to be transferred from the Hereford Division of the Worcestershire and Herefordshire Branch to the Monmouthshire Division of the South Wales and Monmouthshire Branch.

YORKSHIRE BRANCH

The civil parish of Dore (Derbyshire) to be transferred from the Sheffield Division of the Yorkshire Branch to the Chesterfield Division of the Midland Branch; and the municipal borough of East Retford, the urban district of Worksop, the rural districts of Misterton, northern half of East Retford, and northern half of Worksop; and the civil parishes of Finningley and Misson, to be transferred from the Sheffield Division of the Yorkshire Branch to the Nottingham Division of the Midland Branch.

ALFRED COX,
Medical Secretary.

April 14th, 1931.

MATABELELAND AND NORTHERN RHODESIA BRANCHES

The Council of the Association, at the request of members of the Matabeleland and Northern Rhodesia Branch, and with the approval of that Branch, hereby forms a Northern Rhodesia Branch of the Association, the new Branch to be coterminous with Northern Rhodesia, and to come into existence as from the date of this notice.

The area of the (former) Matabeleland and Northern Rhodesia Branch is hereby adjusted accordingly—that is, to be coterminous with Matabeleland, and to be known as the Matabeleland Branch.

Each of these Branches shall be an independent constituency in the Representative Body of the Association, 1931–32.

ALFRED COX,
Medical Secretary.

April 4th, 1931.

TABLE OF DATES

April 25, Sat.	Publication in *Supplement* of Annual Report of Council.
May 2, Sat.	Last day for receipt at Head Office of nominations: (i) by a Division or not less than 3 members, for election of 24 members of Council by grouped Branches in the British Isles; and (ii) for election of 2 Public Health Service members of Council and 4 Representatives of Public Health Service in Representative Body.
May 12, Tues.	Motions by Divisions and Branches for A.R.M. agenda on matters of which 2 months' notice must be given must be received at Head Office by this date.
May 16, Sat.	Publication in *Supplement* of motions by Divisions and Branches for A.R.M. on matters of which 2 months' notice must be given.
	Representatives and Deputy Representatives must be elected by this date.
	Publication in *Supplement* of list of nominations for election of (i) 24 members of Council by grouped Branches in the British Isles; (ii) 2 Public Health Service members of Council, and 4 Representatives of Public Health Service in Representative Body.
	Voting papers posted from Head Office where there are contests in above elections.
May 23, Sat.	Last day for receipt at Head Office of voting papers for election, where there are contests, of (i) 24 members of Council by grouped Branches in the British Isles; and (ii) 2 Public Health Service members of Council and 4 Representatives of Public Health Service in Representative Body.
June 4, Thurs.	Names of Representatives and Deputy Representatives must be received at Head Office by this date.
June 6, Sat.	Publication in *Supplement* of result of election of members of Council by grouped Branches, and of result of election of members of Council and Representatives in Representative Body by Public Health Service members.
	Nomination papers available (on application at Head Office) for election of 12 members of Council by grouped Representatives (British Isles).
June 18, Thurs.	Meetings of constituencies must be held between this date and July 17th, to instruct Representatives.
June 27, Sat.	Publication in *Supplement* of Supplementary Report of Council.
July 1, Wed.	Amendments and riders for inclusion in A.R.M. agenda must be received at Head Office by this date.

ALFRED COX,
Medical Secretary.

BRANCH AND DIVISION MEETINGS TO BE HELD

ABERDEEN BRANCH: CITY OF ABERDEEN DIVISION.—A meeting of the City of Aberdeen Division will be held at 29, King Street, Aberdeen, on Tuesday, April 14th, at 8.30 p.m. Dr. A. H. Macklin (Dundee) will give a lantern lecture on a polar expedition from the surgeon's point of view.

BATH AND BRISTOL BRANCH: BATH DIVISION.—A meeting of the Bath Division will be held at the Royal United Hospital on Tuesday, April 14th, at 5.30 p.m. Agenda: Resolutions with regard to (*a*) salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers.

BIRMINGHAM BRANCH: NUNEATON AND TAMWORTH DIVISION.—A clinical meeting of the Nuneaton and Tamworth Division, arranged by Dr. Pracy, will be held at the Tamworth General Hospital on Thursday, April 16th.

BORDER COUNTIES BRANCH: ENGLISH DIVISION.—A meeting of the English Division will be held at Blencathra Sanatorium, Threlkeld, on Friday, April 17th.

DORSET AND WEST HANTS BRANCH: WEST DORSET DIVISION.—A meeting of the West Dorset Division will be held at 8, Belvedere, Weymouth, on Saturday, April 25th, at 3.30 p.m. General business will be transacted. Sir Thomas Horder, Bt., will give a British Medical Association Lecture entitled "Physiotherapy and general medicine."

EDINBURGH BRANCH: EDINBURGH AND LEITH DIVISION.—A stroke competition (handicap) over 18 holes, in connexion with the Treasurer's Cup golf competition, will be played on No. 2 course at Gullane on the afternoon of April 29th. Members intending to compete are asked to communicate with Dr. Robson (12, Comely Bank), enclosing entry money (2s. 6d.) and stating lowest club handicap. Competitors will arrange for their own partners.

GLASGOW AND WEST OF SCOTLAND BRANCH: LANARKSHIRE DIVISION.—A meeting of the Lanarkshire Division will be held at Hamilton on Wednesday, April 15th, at 3.30 p.m. Dr. J. H. Patterson (or deputy) will give a demonstration in the County Bacteriological Laboratory.

HERTFORDSHIRE BRANCH: BARNET DIVISION.—A meeting of the Barnet Division will be held at the Hadley Wood Golf Club on Tuesday, April 14th. Mr. Eardley Holland will give a British Medical Association Lecture on disturbances of menstruation. Preceded by dinner at 8 p.m.

LANCASHIRE AND CHESHIRE BRANCH: HYDE DIVISION.—A meeting of the Hyde Division will be held at the Hyde Town Hall on Wednesday, April 15th, at 8.30 p.m. Dr. T. H. Oliver will give an address on achlorhydria as a factor in disease.

LANCASHIRE AND CHESHIRE BRANCH: WARRINGTON DIVISION.—A meeting of the Warrington Division will be held at the Infirmary, Kendrick Street, on Wednesday, April 15th, at 8.30 p.m. Agenda: Resolutions regarding (*a*) salaries of whole-time public health medical officers, (*b*) domiciliary attendance by whole-time medical officers; Report of Council on the problem of the out-patient (see *Supplement*, February 21st).

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—A clinical meeting of the City Division, in conjunction with the Aesculapian Society, will be held at the Metropolitan Hospital, Kingsland Road, E., on Friday, April 17th, at 4.15 p.m. Dr. C. C. Worster-Drought will show cases.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.—A clinical meeting of the Lewisham Division, arranged by Dr. G. W. Charsley, will be held at the South-Eastern Hospital for Children, Sydenham, S.E.26, on Tuesday, April 14th, at 4 p.m.

METROPOLITAN COUNTIES BRANCH: ST. PANCRAS DIVISION.—A meeting of the St. Pancras Division will be held at the British Medical Association House, Tavistock Square, W.C.1, on Tuesday, April 14th, at 9 p.m. Mr. E. Pearce Gould will give an address on tuberculous glands in the neck and the role of surgery in their treatment. A special meeting of the Division will be held at the same place and time on Tuesday, April 28th, to discuss the Report of Council on the problem of the out-patient.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.—A meeting of the Willesden Division will be held at the Willesden General Hospital on Wednesday, April 15th, at 9 p.m. Dr. Thomas Pearse Williams, physician to out-patients, Willesden General Hospital, will speak on some disorders of colon function.

NORFOLK BRANCH.—A meeting of the Norfolk Branch will be held at the Norfolk and Norwich Hospital on Wednesday, April 22nd, at 3.30 p.m. Mr. V. Zachary Cope will read a paper on some neglected symptoms in acute abdominal disease.

NORTH OF ENGLAND BRANCH: BLYTH DIVISION.—The annual dinner of the Blyth Division will be held on Thursday, April 16th, when Sir Robert Bolam will be the guest of honour.

SOUTHERN BRANCH: JERSEY DIVISION.—A clinical and pathological evening will be held by the Jersey Division at the General Hospital on Thursday, April 16th, at 8.30 p.m.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—A clinical meeting of the Portsmouth Division will be held at the Royal Portsmouth Hospital on Thursday, April 30th, at 3 p.m.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SWANSEA DIVISION.—At the meeting of the Swansea Division arranged for Thursday, April 16th, Mr. Ernest B. Waggett will give a British Medical Association Lecture.

SOUTH-WESTERN BRANCH.—An intermediate meeting of the South-Western Branch will be held at Truro on Tuesday afternoon, April 21st. The honorary secretary, Dr. P. D. Warburton (15, Southernhay East, Exeter), asks to have early intimation of any cases, notes, papers, specimens, or notices of motion which members may wish to bring forward.

SOUTH-WESTERN BRANCH: CORNWALL DIVISION.—The inaugural meeting of the Cornwall Division will be held at Webb's Hotel, Liskeard, on Tuesday, April 14th, at 3 p.m. Agenda: Receive notice of appointment of the Division (published in *Supplements* of February 21st and 28th, 1931); adopt rules of organization and revised rules governing procedure in ethical matters; appoint officers for 1931-32; Dr. Alfred Cox, Medical Secretary, will speak on the necessity for local organization of the medical profession.

SURREY BRANCH.—The golfing members of the Surrey Branch are invited to compete for the president's prize, at Walton Heath, on Wednesday, April 29th. The winner will be the member who returns the best score under bogey regulations for the first round on that date. Competitors will play on their lowest handicap (limited to 18); they will be divided into two classes: (*a*) 55 years of age or over, (*b*) under 55. Two steel-shafted clubs in each class are offered as prizes by the president. There will be an optional sweepstake (2s. 6d.). Intending competitors, who should arrange with a partner, are asked to communicate with Dr. C. H. James, Donyngs Place, Redhill, at an early date, giving their handicap, and stating whether they intend to play in the morning or in the afternoon.

SURREY BRANCH: GUILDFORD DIVISION.—A meeting of the Guildford Division will be held at the Royal Surrey County Hospital, Guildford, on Thursday, April 16th, at 4 p.m. Dr. C. C. Worster-Drought will discuss the early diagnosis of nervous diseases.

SURREY BRANCH: REIGATE DIVISION.—A clinical meeting of the Reigate Division will be held at the Caterham Cottage Hospital on Wednesday, April 15th, at 4 p.m.

SUSSEX BRANCH: BRIGHTON DIVISION.—A clinical meeting of the Brighton Division will be held at Lady Chichester Hospital on Thursday, April 16th, at 3.45 p.m.

Meetings of Branches and Divisions

BIRMINGHAM BRANCH: DUDLEY DIVISION

A meeting of the Dudley Division was held at the Talbot Hotel, Stourbridge, on March 13th. Mr. ECCLES SMITH, chairman of the Division, presided, and thirty-one members were present.

Dr. STANLEY WHITE, the lecturer of the evening, with the aid of two excellent cinematograph films, entertained his audience for an hour and a half; the lecture was very descriptive, and illustrated the preparation of serums and lymph from the first to the last stages. Among those who took part in the discussion which followed were Mr. ECCLES SMITH, Dr. J. MCQUEEN, Dr. SHARROD, Dr. MITCHELL, and Dr. J. MURPHY. A most enjoyable meeting, with a record attendance, was brought to a close by a hearty vote of thanks being accorded to the lecturer.

ESSEX BRANCH: MID-ESSEX DIVISION

A meeting of the Mid-Essex Division was held in the Bell Hotel, Chelmsford, on March 19th, when Dr. HAYNES was in the chair. At the conclusion of the formal business, Dr. J. STANLEY WHITE gave a lecture on some recent aspects of biological therapy, illustrated by lantern slides and cinematograph films. Questions having been asked and answered, a cordial vote of thanks was accorded to Dr. White for his address.

HERTFORDSHIRE BRANCH: BARNET DIVISION

A meeting of the Barnet Division was held at the Barnet Victoria Cottage Hospital on March 10th. Dr. C. M. Scott was again elected representative to the Annual Representative Meeting, Drs. Harnett and Fraser being elected deputy representatives.

Dr. BERNARD HART gave an interesting lecture on disorders of memory, classifying them as hypermnesia or excessive memory, paramnesia or inaccurate memory, and amnesia or absence of memory. He said that paramnesia of extreme degree was chiefly found in those suffering from alcoholism, and was usually organic in origin. Dealing with amnesia, Dr. Hart summarized the causes as those due to lack of attention, lack of impression, and lack of power of recall. He gave several examples of the occurrence of dual personality, and discussed the hypnotic treatment applied in differentiation. Many questions relating to hypnosis and spiritualism were answered.

The meeting concluded with a vote of thanks to Dr. Hart.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION

A meeting of the City Division was held at the Metropolitan Hospital, Kingsland Road, on March 3rd, when the annual discussion on a topical subject was held. The subject chosen was the treatment and prophylaxis of the common infectious diseases.

Dr. GUY BOUSFIELD opened the discussion by describing the Schick test and the modern method of immunizing against diphtheria. Cases illustrating the various types of response to the Schick test were shown. Dr. Bousfield said that it was his custom to give three doses of antigen at fortnightly intervals, and to retest again after four months. A final Schick test was absolutely essential unless the method was to be discredited. Very rarely diphtheria might occur after apparently successful immunization, but it was usually of a very mild type. Dr. DART said that diphtheria was one of the diseases which remained unconquered. He related his experiences with an immunization clinic in Hackney. Out of 3,000 consecutive cases immunized they had had only three cases of diphtheria, and in each of these three cases the diagnosis was difficult and somewhat open to doubt. The indiscriminate swabbing of children in schools was a futile procedure. He advised against diagnosing diphtheria in a hurry in a case which had been successfully immunized. Dr. CLARK TROTTER gave a number of amusing examples of his experiences in diphtheritic work in Islington. Dr. RONALDSON dealt with the treatment of diphtheria. He said that they had now reached the limit of what could be expected of serum treatment. A severe case should be in bed for at least six weeks. The danger periods were the first two weeks and the sixth week. Scarlet fever serum was useful, but not so valuable as antitoxin serum in diphtheria. In measles he had seen no real advance in treatment. The use of convalescent serum in this disease was not practicable in general practice. He thought pyramidon had a certain value.

On March 13th Mr. T. E. CAWTHORNE gave a much-appreciated clinical afternoon at the Metropolitan Hospital. Ear, nose, and throat cases were first demonstrated, and a discussion upon them took place afterwards. This was followed by a discussion on the ionization treatment carried out in the L.C.C. clinics for children with chronic ear discharge.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION

A clinical meeting of the Willesden Division was held at the Willesden General Hospital on February 18th. Dr. E. C. DODDS, professor of biochemistry in the University of London, gave an address, describing briefly some of the biochemical tests which were likely to be of the greatest importance to the general practitioner.

Under the heading "Medical conditions" Professor Dodds described the glucose tolerance test, and the variations in the blood sugar curve in renal glycosuria, and in cases of otherwise healthy patients who, probably at a life insurance examination, were found to have occasional transient glycosuria. The "lag curve" in the latter showed that their transient hyperglycaemia following ingestion of carbohydrate had no important significance, though in holding this opinion he was at variance with a minority who regarded it as the incipient stage of a true diabetes. In a certain type of chronic nephritis with marked oedema, where the plasma proteins were decreased, a largely protein diet was efficient in clearing up the dropsy. The prognosis in nephritis could be judged by the blood urea content, the blood calcium, and the blood pressure. A drop in the calcium content was a distinctly bad omen. The van den Bergh reaction in jaundice was able at least to define a haemolytic jaundice. A test meal and examination of the stomach contents was generally able to distinguish between pylorospasm, cancer, and ulcer, though the presence of ulcer was not by any means always indicated by the gastric analysis. Professor Dodds was emphatic that a careful gastric analysis should invariably precede any operative procedure on the stomach. He strongly deprecated surgical measures for the acute ulcer.

Under the heading "Surgical conditions" the lecturer discussed enlarged prostate. A blood analysis would often decide whether the renal function rendered it advisable to perform the prostatectomy in one or two stages. A most important recent addition to the armamentarium of the surgeon considering any renal operation was the intravenous injection of uroselectan prior to pyelography. This drug clearly outlined the pelvis and calyces in the plate, showed the presence of malformed kidneys, and gave an indication from its secretion time of the functional activity of the renal tissue. Under obstetrical conditions he stated that the Aschheim-Zondek test would diagnose pregnancy accurately as early as the fifth week. The test was at least as reliable as the Wassermann reaction in syphilis.

A very interesting discussion followed the lecture, and Professor Dodds replied to many questions. A vote of thanks to the lecturer, moved by Dr. M. MAIZELS and seconded by Dr. J. WALKER BRASH, was accorded unanimously.

NORTH OF ENGLAND BRANCH: BLYTH DIVISION

A meeting of the Blyth Division was held in the Thomas Knight Memorial Hospital on March 13th. A motion regarding (*a*) salaries of whole-time public medical officers of health, and (*b*) domiciliary attendance by whole-time medical officers of health, was discussed. The secretary was instructed to take the necessary steps to have the motion put on the minute book and to make it binding. Some discussion also took place on the Road Traffic Act and the hospitals national eye service.

SOUTH WALES AND MONMOUTHSHIRE BRANCH

A successful clinical meeting of the South Wales and Monmouthshire Branch was held at the Swansea General Hospital on February 12th, when, owing to the absence through illness of the chairman of the Division (Dr. D. T. Rocyn Jones), the vice-chairman (Dr. E. E. BRIERLEY) presided.

An interesting paper was read by Mr. E. W. N. HUBERT PHILLIPS on cases of thyrotoxic goitre which had been treated by him surgically. The results in the cases shown were excellent. He stressed the great importance of adequate and thorough pre- and post-operative treatment, discussed the technique employed in each case, and showed specimens removed at operation and numerous photographs taken before and after operation. Dr. D. H. ISAAC discussed in a short paper the choice of anaesthetic for cases of the type which Mr. Phillips had described. Both of the speakers were warmly thanked by the CHAIRMAN for their lucid and interesting communications, and for the trouble they had taken in preparing them and in bringing their patients to the meeting.

Mr. ALBAN EVANS showed some cases which had been operated on by him. (1) Cerebellar abscess following otorrhoea. In this case the patient had right otorrhoea of several years' duration, and persistent severe headache for eight weeks. Acute symptoms—namely, increasing loss of consciousness, slurring speech, paresis of left leg, and double optic neuritis—had lasted sixteen days. At operation a radical mastoid was performed. Exploration of the temporo-sphenoidal lobe revealed no abnormality. When the cerebellum was explored in front of the sigmoid sinus pus was found and an abscess subsequently drained. The eventual result was excellent, and the patient was now back at his usual work. (2) A cerebral abscess following suppurative endomastoiditis, which was treated by operation and drainage, and where an excellent end-result had followed. (3) Several cases of malignant growth of the ears, which had been treated in one case by excision on ordinary lines, another scraped with sharp spoon and then gone over with diathermy cautery, and another treated with radium. In each case the end-result had been satisfactory. (4) An example of concealed sinus empyema, where there had been acute pain for a fortnight over the right supraorbital region. Nasal and *x*-ray examination revealed no abnormality. There was tenderness over the frontal sinus; this was opened, and thick pus was found. The result was very satisfactory, the anterior turbinate being removed and the frontal duct being enlarged and drained through the nose.

Dr. DAVID R. LEWIS showed several interesting cases of dermatitis artefacta.

Dr. E. ROWLAND WILLIAMS demonstrated an adaptation of an ordinary dental gas apparatus to allow of its being used to supply an intermittent flow of gas and oxygen in obstetrics. Reducing valves were used with the cylinders. A flow meter of the Boyle type (but with valves to prevent reflux of the water under pressure) regulated the mixture. A gas tap, actuated by a lever at the side of the bag, regulated the flow in accordance with the patient's respirations, and in such a way as to allow of easy rebreathing. The bag was fitted with an adjustable clamp, enabling it to be clipped to the bed rail or to a chair beside the bed.

Dr. Williams also demonstrated a blower inhaler which could be fitted to the bag, if desired, so as to give ether vapour either alone or along with the gases. A nasal inhaler was also shown. A model of the apparatus, made by Messrs. King (Devonshire Street), was exhibited. The complete apparatus, including the blower inhaler and one full hundred-gallon gas cylinder and a full thirty-gallon oxygen cylinder (sufficient usually for two hours' obstetric use), packs in an attaché-case 18 by 11 by 5 inches, the total weight being 32 lb. It had been found an advantage to use a slightly larger case (22 by 12 by 5½ inches), as then, without increasing the weight by more than a few ounces, the apparatus was almost instantly ready for use on arrival at the bedside, not needing to be assembled.

Correspondence

THE RURAL PRACTITIONER

SIR,—I do not see anything unfair in suburban practitioners in Warwickshire, or any other shire, not being given a chance of post-graduate instruction on similar lines to the rural man, and I am a rural practitioner myself. There is another matter of much greater vital importance to the rural man than this. It is the mileage question. Dr. John S. Clarke (*Supplement*, April 4th, p. 107) concludes his letter in these words: "The townsmen would now like to rob their rural brother of his last ewe lamb," and this is what they are doing in the granting of mileage to every doctor who has travelling to do.

I hardly agree with Dr. Clarke that the rural practitioner was badly treated over the question of mileage. I agree that the rural men were entirely forgotten and scandalously neglected for some four or five years after the inception of the Insurance Act. The scant sum then allocated went entirely to men working in mountain, moorland, and fen districts—hundreds of other rural practitioners who spent all their time travelling got little or nothing. It was only after a strenuous fight that we got anything approaching a decent sum for mileage, but the conditions were that all men, rural or otherwise, who travelled into the country could claim, with the result that both townsmen and industrial practitioners follow their panel patients far afield into the rural districts of England. Distance seems of little account; they tell their patients when they leave the town for the country that now that mileage is paid they need not change over to the country doctor. This is possibly the main reason why many country practices have become derelict. They all seem now to have suddenly become rural practitioners! The irony of the situation is that the mileage grant, originally intended to help the really rural man, is now to be his undoing.

I am, so far as I know, a member of the so-called rural subcommittee, but I have heard nothing of its doings for years. I would welcome the publication of the names of the members of that committee; also, who appointed them; and, lastly, their individual qualifications. I cannot believe it was ever contemplated that practitioners in towns and industrial areas with large panels should, in granting mileage, be thus encouraged to cut deeply into the scattered rural areas, where the country doctors have a hard life, and whose incomes are small and precarious; for this new departure of following up panel patients is a means of acquiring private work at the same time. The time may soon come when the rural practitioner will have to be content with the crumbs that fall from the rich man's table.—I am, etc.,

Felton, Northumberland, April 4th. ROBT. A. WELSH.

PUBLIC MEDICAL SERVICE FOR LONDON

The annual meeting of the Public Medical Service for London was held on March 31st, under the chairmanship of Dr. E. A. GREGG, chairman of the committee of management.

Dr. Gregg stated that the number of subscribers enrolled was 11,439, a gain of 749 on the twelve months, and the number of practitioners working the Service was 396, compared with 399 a year ago. The boroughs where the Service was most popular were Battersea and Wandsworth, where it had respectively 1,427 and 2,207 subscribers. During the year there had been 2,870 deletions, and, apart from those occurring through unavoidable causes, such as removal from the area or entrance upon National Health Insurance, 1,513 were due to mere discontinuance of subscription, a figure which had given the committee occasion for some disquiet. It seemed to suggest that there was a class of subscriber who joined for the purpose of securing treatment whilst ill, and then discontinued as soon as normal health returned. That was why it was so desirable to assist and foster infant welfare work among the members of the Service, which the central committee had made every effort to do. Various leaflets containing instructions for the feeding of young children had been made available to members, some of whom had started infant welfare clinics, which, in at least one case mentioned in the report, had grown to quite considerable dimensions. Mothers who wanted advice on how to keep their children well were advised from the beginning, so that much illness during childhood was prevented, and such families were usually very grateful, and did not tend to drop the Service. The position of the Service, Dr. Gregg thought, was a challenge to much greater activity in the future.

The report having been unanimously adopted, and the central committee reappointed, Dr. A. K. GIBSON brought forward a proposition that the annual meeting should adopt the Kensington rates of subscription as the general rate for London, with the exception of those boroughs which applied to the central committee for permission to continue with the present rates of subscription. Dr. Gibson explained that the rates of payment which had been adopted in Kensington were 4d. (or 6d.) a week for a single subscriber in a family, 8d. for two subscribers in a family, 11d. for a family of three members, and 1s. 1d. for a family of four or more members. In a case where there was only one subscriber in a family the practitioner had the right to charge 6d. a week, instead of 4d., if the risk of illness seemed likely to be above the average. These rates of payment were slightly larger in the case of small families and slightly smaller in the case of large families than those hitherto in vogue in London as a whole. The ordinary rates were a weekly subscription of 3d. per subscriber for professional services, and a quarterly levy of 9d. per subscriber for administrative purposes. Under the Kensington method the quarterly levy, which was apt to be confusing to the subscriber, was abandoned, and 25 per cent. was deducted for administration. The yield in Kensington (where there were 846 subscribers) was 3.96d. per subscriber per week, and after 25 per cent. was deducted for administration, 2.97d. was available for the practitioner, as against 2.85d. under the whole system. He mentioned that Paddington had followed the example of Kensington, and a considerable increase in membership had resulted. The entrance fees for subscribers were also altered under the Kensington method, being 1s. for one subscriber and 2s. for two or more subscribers in a family on admission, whereas under the present rules the entrance fee was a flat rate of 1s. per subscriber.

After discussion it was decided to adopt the Kensington rates of subscription as the general rates for London, and, on a further motion by Dr. H. J. CARDALE, seconded by Dr. DE SWIETOCHOWSKI, it was decided that the new rates should come into force not later than January 1st, 1932, and that any borough wishing to contract out must give notice to the central committee not later than July 1st next.

National Insurance

LONDON PANEL COMMITTEE

At the meeting of the London Panel Committee on March 24th Dr. W. F. O'Regan was appointed a member of the committee to represent the practitioners in Finsbury, in place of Dr. F. Collar, resigned.

Prescriptions in the London Area

Some particulars were given of the prescriptions dispensed in the London area during 1930. The total number was 8,129,038, as against 8,940,870 the previous year. The total cost was £258,522, as compared with £294,911, and the average cost per prescription, including ingredients and dispensing fees, was 7.63d. in 1930 and 7.92d. in 1929.

Payments for Anaesthetist

The committee is proposing to make a rather stricter investigation of what appear to be needless claims for payment for the provision of an anaesthetist. Practitioners submitting such claims are to be asked to state the reason which rendered a general anaesthetic necessary. Proposals that every practitioner submitting such a claim should be required to attend before the subcommittee to justify its allowance, or that the payment of claims should be determined according to a certain standard based on previous experience, were turned down.

Witnessing of Signatures

The committee has been considering the practice of patients applying to insurance practitioners to witness their signatures on documents such as old age pension applications and the like. It has been pointed out to one approved society, which sent a member with an application form with an instruction to get it signed by the doctor, that, while many practitioners

are willing to give this service to their patients, they are under no obligation to do so, and that the attention of approved society members might be drawn to the fact that there are other classes of the community qualified to witness signatures.

Naval and Military Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Commanders G. S. Harvey to the *President*, for special course of instruction at Cambridge, April 14th, and to the *President*, for Chemical Defence Experimental Station, Porton, August 1st; H. Hurst to the *Cambrian*; W. C. Carson to the *Comus*.

Surgeon Lieutenants V. J. Fielding to the *Suffolk*; C. Ommanney-Davis to the *Magnolia*; C. H. Egan to the *Cardiff*; T. W. Froggatt to the *Acasta*; D. R. F. Bertram to the *Devonshire*; F. G. V. Scovell to the *Delhi*; J. W. L. Crossfill to the *Dorsetshire*.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenants T. S. Stevenson to the *Victory*, for Haslar Hospital; H. A. Bailey transferred to London Division, List 2.

Surgeon Sublieutenant D. M. Dean to be Surgeon Lieutenant.

Probationary Surgeon Lieutenant W. D. Williams to R.N. Hospital, Haslar.

Probationary Surgeon Sublieutenants D. R. Hughes to the *Victory*, for Haslar Hospital; R. C. Reid to the *Dorsetshire*.

ROYAL ARMY MEDICAL CORPS

Major G. K. Maurice, D.S.O., M.C., from the seconded list, retires on retired pay, and is granted the rank of Lieutenant-Colonel.

Captain H. E. A. Boldero resigns his commission, August 10th, 1919, and is granted the rank of Major (substituted for notification in the *London Gazette*, August 9th, 1919).

Captain W. Y. Eccott to be Major (prov.).

Lieutenant J. C. Gilroy is granted the local rank of Captain, whilst employed with the Trans-Jordan Frontier Force.

Lieutenant L. R. H. Keatinge, from the seconded list, is restored to the establishment.

The appointment of Lieutenant R. L. Whittaker is antedated to July 28th, 1929, but not to carry pay and allowances prior to January 28th, 1930.

ROYAL AIR FORCE MEDICAL SERVICE

Squadron Leader J. M. A. Costello to R.A.F. Depot, Aboukir.

Flight Lieutenant C. W. Coffey is granted a permanent commission in this rank.

Flight Lieutenants W. E. Barnes to No. 8. Squadron, Khormaksar, Aden; G. P. O'Connell to R.A.F. Practice Camp, Catfoss; G. W. McAleer to R.A.F. Practice Camp, Sutton Bridge.

Flying Officers E. W. B. Griffiths to R.A.F. Base, Singapore; H. T. Rylance to R.A.F. Practice Camp, North Coates Fittes.

REGULAR ARMY RESERVE OF OFFICERS

SUPPLEMENTARY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS

Lieutenant G. B. M. Heggs to be Captain.

INDIAN MEDICAL SERVICE

Major-General J. W. D. Megaw, C.I.E., has been nominated as a Member of the Council of State.

Colonel C. C. Murison has retired from the Service.

Lieut.-Col. H. E. Shortt has assumed charge of the duties of Director, Pasteur Institute of India, Kasauli.

Lieut.-Col. F. E. Wilson appointed to officiate as Inspector-General of Civil Hospitals, Central Provinces.

Lieut.-Col. E. Bisset has retired from the Service.

Majors to be Lieutenant-Colonels: J. A. Sinton, V.C., O.B.E., D. F. Murphy, M.C., C. J. Stocker, M.C., E. E. Doyle, C.I.E., D.S.O., C. M. Plumptre, L. F. Brandenbourg, E. A. Penny.

Major A. C. Craighead appointed to officiate as Assistant Director, Central Research Institute, Kasauli.

Major J. B. Hance, O.B.E., has been posted as Chief Medical Officer in the Western India States Agency and Residency Surgeon, Rajkot, vice Lieut.-Col. F. E. Wilson.

The promotion of Major N. C. Kapur to the rank of Major has been antedated to July 25th, 1924.

Captain S. M. K. Mallick appointed as a supernumerary officer at the Central Research Institute, Kasauli.

Lieutenant C. F. J. Cropper to be Captain.

Lieutenant P. Shannon to be Captain (provisional).

The following, holding temporary commissions, have been appointed permanently as Lieutenants: T. D. Ahmad, M. Jafar, F. M. Khan, D. Datt, M. G. Sainchar, S. W. H. Askari.

Lieutenant Manohar Keshav Pandit has been appointed on probation.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. R. Ward, M.C., to be Brevet Colonel.

VACANCIES

ALNWICK INFIRMARY.—H.S.

BARNSTAPLE: NORTH DEVON INFIRMARY.—(1) R.M.O. (2) H.S.

BEDFORD COUNTY HOSPITAL.—H.S. (male, unmarried).

BIRKENHEAD GENERAL HOSPITAL.—H.P. (male).

BIRMINGHAM CITY.—Resident P. (male) at Selly Oak Hospital.

BLACKBURN: ROYAL INFIRMARY.—Fourth H.S. (male).

BOLINGBROKE HOSPITAL, Wandsworth, S.W.11.—H.S. (male).

BRENTRY COLONY.—Resident Medical Superintendent.

BRIGHTON: ROYAL SUSSEX COUNTY HOSPITAL.—H.P. (male).

BRISTOL GENERAL HOSPITAL.—Senior R.M.O. (male).

BURNLEY: VICTORIA HOSPITAL.—H.P. (male).

BURY INFIRMARY.—H.S. to Special Departments.

BURY ST. EDMUNDS: WEST SUFFOLK GENERAL HOSPITAL.—H.S.

CAMBRIDGE BOROUGH.—A.S.M.O. and A.M.O.H.

CARNARVONSHIRE AND ANGLESEY INFIRMARY, Bangor.—H.S.

CHESTER ROYAL INFIRMARY.—H.S. (male).

CUMBERLAND INFIRMARY, Carlisle.—H.S. to Eye, Ear, Nose, and Throat Department.

DARLINGTON COUNTY BOROUGH: Health Visitor.

DONCASTER: ROYAL INFIRMARY.—H.S. (male).

DUMFRIES AND GALLOWAY ROYAL INFIRMARY.—R.M.O. (male).

EALING BOROUGH.—Assistant M.O.H. (male).

GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—(1) R.S.O. (2) First H.S. (3) Second H.S. Males.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL, Haverstock Hill, N.W.3.—H.S. (male, unmarried).

HARROGATE ROYAL BATH HOSPITAL AND RAWSON CONVALESCENT HOME.—H.P.

HULL ROYAL INFIRMARY.—H.S. (male) to Ophthalmic and Ear, Nose, and Throat Departments.

LANCASHIRE MENTAL HOSPITALS BOARD.—Medical Superintendent at County Mental Hospital, Whittingham.

LINCOLN COUNTY HOSPITAL.—Junior H.S. (male, unmarried).

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART.—Research Fellow.

MANCHESTER: ST. MARY'S HOSPITALS.—(1) Two H.S. at Whitworth Street West Hospital. (2) Two H.S. at Whitworth Park Hospital.

MANCHESTER AND SALFORD HOSPITAL FOR SKIN DISEASES.—H.S.

MANSFIELD AND DISTRICT HOSPITAL.—H.S. and C.O. (male).

MERTHYR TYDFIL HOSPITAL.—R.H.S.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—(1) Second H.S. (male). (2) Third H.S. (lady).

MIDDLESEX COUNTY COUNCIL.—District Medical Officer and Public Vaccinator for Edgware, Little Stanmore, and Lower Hale.

NEWARK GENERAL HOSPITAL.—Resident H.S. (unmarried).

NEWCASTLE-UPON-TYNE: ROYAL VICTORIA INFIRMARY.—Junior Surgical Registrar (whole-time).

NORTHAMPTON GENERAL HOSPITAL.—(1) Hon. S. (2) H.P.

NOTTINGHAM CITY.—M.O. to City Infirmary.

NOTTINGHAM GENERAL HOSPITAL.—H.P.

NOTTINGHAMSHIRE COUNTY COUNCIL.—A.S.M.O. (male).

OLDHAM ROYAL INFIRMARY.—Three H.S. for (1) Women's and Children's Wards, (2) Male Wards, (3) In Charge of Out-patients and Special Departments.

PAISLEY CORPORATION.—Assistant M.O.

PLAISTOW: ST. MARY'S HOSPITAL FOR WOMEN AND CHILDREN.—A.R.M.O.

POPLAR HOSPITAL FOR ACCIDENTS.—Senior Resident Officer.

PRESTON COUNTY BOROUGH.—Junior R.M.O. at Sharoe Green Hospital, Fulwood.

READING: ROYAL BERKSHIRE HOSPITAL.—C.O. and Resident Anaesthetist (male).

ROCHDALE INFIRMARY AND DISPENSARY.—J.H.S.

ROTHERHAM HOSPITAL.—(1) Hon. S. for Ear, Nose, and Throat Department. (2) Hon. Dental S. in Out-patient Department. (3) C.H.S. (male).

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Examiners.

RUGBY: HOSPITAL OF ST. CROSS.—Three R.M.O. (males).

SCARBOROUGH HOSPITAL AND DISPENSARY.—Two H.S.

SHEFFIELD ROYAL HOSPITAL.—(1) Ophthalmic H.S. (2) H.P. (3) H.S. (4) Resident Anaesthetist. Males.

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common, S.W.4.—H.P. (female).

SOUTHPORT GENERAL INFIRMARY.—Junior H.S. (unmarried).

STAFFORDSHIRE GENERAL INFIRMARY.—H.P.

STIRLING COUNTY COUNCIL.—Assistant to County M.O.

SUNDERLAND: ROYAL INFIRMARY.—H.P. (male).

SWANSEA GENERAL AND EYE HOSPITAL.—C.O. (male, unmarried).

TIVERTON HOSPITAL.—H.S.

TYNEMOUTH VICTORIA JUBILEE INFIRMARY.—Two H.S. (males).

WALLASEY: VICTORIA CENTRAL HOSPITAL.—J.H.S. (male).

WALSALL GENERAL HOSPITAL.—H.S.

WEST BROMWICH COUNTY BOROUGH.—Chief A.M.O.H. (male).

WEST HARTLEPOOL: CAMERON HOSPITAL.—H.S.

WESTERN OPHTHALMIC HOSPITAL, Marylebone Road, N.W.1.—Senior Resident and Junior Non-resident H.S.

Willesden General Hospital, N.W.10.—(1) H.P. (unmarried). (2) Clinical Assistants.

Wrexham and East Denbighshire War Memorial Hospital.—R.H.S.

Certifying Factory Surgeons.—The following vacant appointments are announced: Gnosall (Staffs); Bellshill and Mossend (Lanarks); Hull (Yorks); Thirsk (Yorks). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS

Cody, W. E., M.R.C.S., L.R.C.P.Lond., Certifying Factory Surgeon for the Twickenham District, Middlesex.

Hood, W. D., M.B., Ch.B., D.P.H., Medical Inspector of Factories under the Factory and Workshops Acts.

Polson, Cyril J., M.D.Birm., M.R.C.P.Lond., Lecturer in Pathology, University of Leeds, and Pathologist to St. James's Hospital, Leeds.

Wallace, W. H. S., M.R.C.S., L.R.C.P., Assistant Resident Medical Officer, City of London Maternity Hospital.

DIARY OF SOCIETIES AND LECTURES

Royal Society of Medicine

United Services Section.—Mon., 4.30 p.m., Annual General Meeting. Colonel P. H. Henderson: Ambulance Transport in Undeveloped Countries.

Section of Orthopaedics.—Tues., 5.30 p.m. Cases at 4.30 p.m.

Section of Psychiatry.—Tues., 8.30 p.m. Dr. G. de M. Rudolf: Experimental Treatment of Schizophrenia. Dr. E. B. Strauss: Principles Underlying Prognosis in Schizophrenia.

Section of History of Medicine.—Wed., 5 p.m. Dr. J. D. Rolleston: J. B. Bouillaud (1796–1881), a Pioneer in Cardiology and Neurology.

Section of Neurology.—Thurs., 8.30 p.m. Clinical Meeting at the West End Hospital for Nervous Diseases, Welbeck Street, W.1. 7.45 p.m., Cases.

Clinical Section.—Fri., 5.30 p.m. Cases at 4.30 p.m.

Section of Electro-Therapeutics.—Fri., 8.30 p.m., Dr. J. C. Mottram: Secondary Radiation in Bone. Dr. John Halliwell: Pyelography. Dr. C. A. Robinson: Backache in its Relation to Cervicitis, and its Treatment by Diathermy. Discussion will follow.

Harveian Society of London.—Thurs., 4.30 p.m., Clinical Meeting at King's College Hospital, Denmark Hill, S.E.5.

Paddington Medical Society.—At Paddington Tuberculosis Dispensary, 20, Talbot Road, W.2. Tues., 9 p.m., Dr. R. S. Walker: The Work of the Tuberculosis Dispensary.

Society of Medical Officers of Health, 1, Upper Montague Street, W.C.1.—Fri., 5 p.m., Discussion: The Pre-School Child. Speakers, Dr. Ethel Cassie and Dr. G. C. M. M'Gonigle.

Manchester Medical Society, Medical School of University.—Wed., 4.15 p.m., Joint Meeting with Manchester Pathological Society. Dr. Arthur J. Hall: Epidemic Encephalitis.

POST-GRADUATE COURSES AND LECTURES

Central London Throat, Nose and Ear Hospital, Gray's Inn Road, W.C.1.—Fri., 4 p.m., Mr. Harold Kisch, Nasal Obstruction.

Hampstead General Hospital, Haverstock Hill, N.W.3.—Wed., 4 p.m., Mr. Arthur Gray, Common Causes of Sterility and their Treatment.

North-East London Post-Graduate College, Prince of Wales's General Hospital, Tottenham, N.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Clinics, Operations. Tues., 2.30 to 5 p.m., Medical, Surgical, and Throat Clinics, Operations. Wed., 2.30 to 5 p.m., Medical, Skin, and Eye Clinics, Operations. Thurs., 11.30 a.m., Medical, Surgical, Throat, and Children's Clinics, Operations. Fri., 10.30 a.m., Throat Clinics; 2.30 to 5 p.m., Medical and Surgical Clinics, Operations.

Glasgow Post-Graduate Medical Association.—At Western Infirmary: Wed., 4.15 p.m., Dr. James Carslaw, Medical Cases.

Liverpool University Clinical School Ante-Natal Clinics.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

Manchester: Ancoats Hospital.—Thurs., 11 a.m., Mr. H. Platt, Clinical Demonstration; 4.15 p.m., Mr. E. E. Hughes, Renal Infections.

Manchester Royal Infirmary.—Tues., 4.15 p.m., Mr. W. R. Douglas, Cholelithiasis and its Complications. Fri., 4.15 p.m., Dr. E. B. Leach, Demonstration of Medical Cases.

Manchester Victoria Memorial Jewish Hospital.—Wed., 4.30 p.m., Dr. J. W. A. Hunter, Leucorrhoea.

Sheffield University Post-Graduate Clinics.—At Jessop Hospital: Tues., 3.30 p.m., Mr. Chisholm, Heart Disease in Pregnancy and Labour. At Royal Hospital: Fri., 3.30 p.m., Professor Simpson, Haemorrhage.

British Medical Association

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Diary of the Association

April

14 Tues. Barnet Division: Hadley Wood Golf Club, 8 p.m. B.M.A. Lecture by Mr. Eardley Holland.
Bath Division: Royal United Hospital, 5.30 p.m.
City of Aberdeen Division: 29, King Street, Aberdeen, 8.30 p.m. Lantern Lecture by Dr. A. H. Macklin.
Cornwall Division: Webb's Hotel, Liskeard, 3 p.m. Address by Dr. Alfred Cox.
Lewisham Division: South-Eastern Hospital for Children, Sydenham, S.E.26, 8.45 p.m. Clinical Meeting.
St. Pancras Division: B.M.A. House, Tavistock Square, W.C.1, 9 p.m. Address by Mr. E. Pearce Gould.

15 Wed. Hyde Division: Hyde Town Hall, 8.30 p.m. Address by Dr. T. H. Oliver.
Lanarkshire Division: Hamilton, 3.30 p.m. Demonstration by Dr. J. H. Patterson (or deputy).
Reigate Division: Caterham Cottage Hospital, 4 p.m. Clinical Meeting.
Warrington Division: Infirmary, Kendrick Street, 3.30 p.m.
Willesden Division: Willesden General Hospital, 9 p.m. Paper by Dr. Thomas Pearse Williams.

16 Thurs. Blyth Division. Annual Dinner. Guest of Honour, Sir Robert Bolam.
Brighton Division: Lady Chichester Hospital, 3.45 p.m. Clinical Meeting.
Guildford Division: Royal Surrey County Hospital, Guildford, 4 p.m. Paper by Dr. Worster-Drought.
Jersey Division: General Hospital, 8.30 p.m. Clinical Meeting.
Nuneaton and Tamworth Division: Tamworth General Hospital. Clinical Meeting.
Swansea Division. B.M.A. Lecture by Mr. Ernest B. Waggett.

17 Fri. City Division: Metropolitan Hospital, Kingsland Road, E., 4.15 p.m. Clinical Meeting.
English Division: Blencathra Sanatorium, Threlkeld.

21 Tues. South-Western Branch: Truro. Intermediate Meeting.

22 Wed. Norfolk Branch: Norfolk and Norwich Hospital, 3.30 p.m. Paper by Mr. V. Zachary Cope.

23 Thurs. London: Grants Subcommittee, 2.30 p.m.

25 Sat. West Dorset Division: 8, Belvedere, Weymouth, 3.30 p.m. B.M.A. Lecture by Sir Thomas Horder.

28 Tues. St. Pancras Division: B.M.A. House, Tavistock Square, W.C.1, 9 p.m. Special Meeting.

29 Wed. Edinburgh and Leith Division: No. 2 Course, Gullane, Treasurer's Cup Golf Competition.
Surrey Branch: Walton Heath. Golf Competition for President's Prize.

30 Thurs. Portsmouth Division: Royal Portsmouth Hospital, 3 p.m. Clinical Meeting.

May

14 Thurs. London: Journal Committee, 2.30 p.m.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

ENGAGEMENT

Tasker—Buckmaster.—A marriage has been arranged, and will take place shortly, between Dr. Ronald Tasker, elder son of Mr. H. G. Tasker and Mrs. Tasker of Clifton, Bristol, and Dr. Dorothy E. B. Buckmaster, only daughter of Professor Buckmaster, the University of Bristol, and Mrs. Buckmaster.

DEATH

Power.—On March 28th, 1931, at Nuneaton General Hospital, Blanche, the beloved wife of Dr. E. T. Power, late of Atherstone, aged 67 years.

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